



San Bernardino County Women's Network Mentoring Program
2007/2008 Protégé Application

Please type or print clearly. Complete all sections. Deadline for submission is August 15, 2007

Personal Information

Name: _____ Work Number: _____

Department: _____ Mail Code: _____

Work Address: _____

Current Job Title: _____

Supervisor's Name: _____ Phone Number: _____

Are you presently a member of the County Women's Network? ☐ Yes ☐ No

Are you a regular status employee? ☐ Yes ☐ No

(You must be a CWN member and a regular status employee of the County be considered for the Mentoring Program.)

Employment History

<u>Employer</u>	<u>Title</u>	<u>Period of Service</u>
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____

Education Background

Please indicate highest level completed.

- | | | |
|--|---|---|
| <input type="checkbox"/> High School | <input type="checkbox"/> College or Trade School Degree | <input type="checkbox"/> Some College or Trade School |
| <input type="checkbox"/> Graduate Degree or higher | <input type="checkbox"/> Some Post-Graduate Work | |

Statement of Interest/Commitment

Explain why you want to participate in the Mentoring Program and how you expect to benefit from it. Attach additional sheet if necessary.

Areas of Interest/Need (Please check three (3) areas that represent the highest priority in your mentoring needs)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Budget/Fiscal | <input type="checkbox"/> Organizational Skills | <input type="checkbox"/> Supervisory Skill | <input type="checkbox"/> Setting Priorities |
| <input type="checkbox"/> Defining Goals | <input type="checkbox"/> Management Techniques | <input type="checkbox"/> Career Planning | <input type="checkbox"/> Ethics/Integrity Maintenance |
| <input type="checkbox"/> Office Politics | <input type="checkbox"/> County Structure | <input type="checkbox"/> Goal Setting | <input type="checkbox"/> Writing Procedures |
| <input type="checkbox"/> Communication Skills | <input type="checkbox"/> Negotiations | <input type="checkbox"/> Project Management | <input type="checkbox"/> Coping with Glass Ceiling |
| <input type="checkbox"/> Interview Skills | <input type="checkbox"/> Leadership | <input type="checkbox"/> Other _____ | |

If available, is there a specific employee classification that you would like for a mentor?

Commitment

My signature below acknowledges that, if selected for the County Women's Network Mentoring Program, I agree to make the personal commitment necessary to prepare for and attend all program meetings and to participate fully in all parts of the program. I further acknowledge that the benefit that I gain from this program will be directly impacted by the amount of effort and time that I put in to it.

Signature

Date

THIS SECTION TO BE COMPLETED BY YOUR SUPERVISOR

The Mentoring Program is a 10-month program that requires the participants' (Protégés' AND Mentors') attendance at least twice monthly for extended lunchtime meetings (1.5 hrs). In addition to these meetings, the Mentoring Program approximately nine "global" meetings that range from 2 to 6 hrs each in length, spread throughout the Program year. The CWN Mentoring Program delivers a tangible value to all of its participants through the establishment of networking contacts, visibility to top management and government officials in the County, and behind-the-scenes information on the County organizational structure. Although the participants may be required to complete additional work outside of the meetings, they are encouraged to do their assignments at home.

Your signature below indicates your recognition of the significant scheduling commitment required and acknowledges the importance of supporting the protégé in following through with the program, if accepted.

Applicant is an employee in good standing: ☐ Yes ☐ No

Applicant has attained regular status in current classification: ☐ Yes ☐ No

Signature: _____

Comments: _____

Please see attached SAMPLE of a CWN Mentoring Program Year.

***Return via interoffice mail by August 15, 2007 to:
Jane Adams (0640 – DAAS)***

CWNMP USE ONLY

Date Rec'd _____

Applicant # _____



CWN MENTORING PROGRAM

SAMPLE ONLY from 2005/2006 Program Year!

Program Calendar

September 14, 2005	Kick-Off and Orientation <i>Diana Alexander & Jeannie Adair</i> 11:00 pm – 1:00 pm (Lunch Provided) County Government Center, Citrus Room
October 25, 2005	County Overview & BOS Meeting <i>Dena Smith</i> 8:00 – 10:30 am County Government Center, Citrus Room
November 29, 2005	Career Assessment & Goal Setting <i>Peggy Dillaman</i> 10:00 am – 1:30 pm [Lunch Provided] PERC – Room 206
January 24, 2005	Interviewing Skills <i>Linda Fabre</i> 11:30 am – 1:00 pm [BYO Lunch] PERC – Room 206
February 21, 2006	Temperament Assessment 11:30 am – 2:00 pm [BYO Lunch] <i>Dr. Robert Cruise</i> National University
March 28, 2005	County Budget 11:30 am – 2:00 pm [BYO Lunch] <i>Valerie Clay</i> Government Center, Joshua Room
April 25, 2006	Professional Image/County Career <i>Carolyn Tillman/Bridget Styers, Shelly Ward</i> 11:30 – 2:30 pm [BYO Lunch] Old Hall of Records (3 rd St), Assessor's Conference Room
May 16, 2005	Leadership Forum <i>BOS, CAO, Supt of School, Presiding Judge, CEO</i> 11:00 am – 1:00 pm [Lunch Provided] County Government Center, Citrus Room
June 21, 2006	CWNMP GRADUATION At the monthly CWN Meeting 11:30 am – 1:00 pm [Lunch Provided] Shandon Hills

**Please schedule your circle meetings and send a draft to:
Jessie Burr (Ontario - PERC) or Jane Adams (0640 - DAAS)**